

GUIDE TO LIVERY LICENSES

A license must be obtained before operating a livery service. Licensure is valid from the date of the license through the following April 30.

To complete the application:

1. Fill in the Application for a Livery License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business (instructions for this form are attached at the end of this packet).
2. If you do not own the address where the vehicle(s) will be garaged, provide a copy of a lease or other evidence showing that you have access to the property.
3. For new applicants OR applicants with new locations, contact the Inspectional Services Department to arrange a sign-off on the Application, as follows:
Inspectional Services
1 Franey Road (Department of Public Works)
617 625-6600 x5600
Monday-Friday, 8:00 – 10:00 AM
3:00 – 4:00 PM
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:
Treasury
93 Highland Avenue (City Hall)
617 625-6600 x3500
Monday–Wednesday, 8:30 AM – 4:00 PM
Thursday, 8:30 AM – 7:00 PM
Friday, 8:30 AM – 12:00 PM
5. Submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR A LIVERY LICENSE

City of Somerville, Commonwealth of Massachusetts

Date_____

To the Honorable, the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that he/she may be granted permission to operate a livery service as described below. This permission will only be effective for the listed location, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments. Such permission shall expire on the following April 30, and shall be revocable at any time at the pleasure of the Board of Aldermen.

Name of applicant_____

Street address of applicant_____

City, State, Zip of applicant_____

Telephone of applicant_____

Name of business_____

Address of business_____

Telephone of business_____

Describe the services to be offered and customers to be served_____

Number of vehicles to be operated_____

Garaging location of vehicles_____

Attach proof of access to the garaging location, if not owned by the applicant.

INSPECTIONAL SERVICES DEPT. (for new applicants or applicants with new locations):

The Inspectional Svcs. Dept. finds that, with respect to both the business and garaging addresses:

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

Signature_____ Date_____

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Individual or Corporate Name (Mandatory)*

By: Corporate Officer (Mandatory, if a corporation)

Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)**

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division
Joseph A. Curtatone
Mayor

JOHN McGINN
City Treasurer and Collector of Taxes

FREDERICK M. TOBIN
Assistant Treasurer

CERTIFICATE OF GOOD STANDING

1. Exact name of Taxpayer: _____
2. Location, including street address, of Taxpayer's property or principal office: _____

3. Taxpayer's Account Number(s): _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

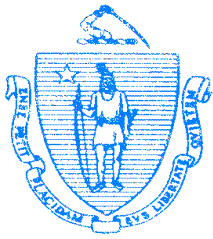
CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer with _____ employees (full & part time). ☐ Other _____

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required

- ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

contact person: _____ phone #: _____

(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an **employee** is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An **employer** is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that **every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.** Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406